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ABSTRACT

This guide is designed as a resource for parents and teachers to develop middle school students' critical thinking about mood-altering drugs. It consists of a series of six pamphlets which focus on each of the major types of mood-altering drugs; each pamphlet may be used alone or as part of a series. The teacher's guide contains a short summary of each pamphlet and background information for parents and teachers to use for further explanation and classroom discussion. The six-pamphlet series includes materials on: (1) an introduction to mood-altering drugs; (2) depressants; (3) alcohol; (4) stimulants; (5) hallucinogens; and (6) marijuana. Every pamphlet examines physiology and the effects of drugs on the body, issues related to specific drugs, and the decision-making skills that may be used by middle school students about drugs. (JAC)

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MOOD-ALTERING: A MIDDLE SCHOOL SERIES

Teachers Guide and Six Pamphlets

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Revised 1980 - Richard Yoast

Published by:
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TEACHER'S GUIDE
MOOD-ALTERING DRUGS: A MIDDLE SCHOOL SERIES

PREPARED FOR THE WISCONSIN CLEARINGHOUSE FOR ALCOHOL AND OTHER DRUG INFORMATION
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This guide is designed as a resource for parents and teachers to develop critical thinking about mood-altering drugs. The pamphlets in this collection cover each of the major types of mood-altering drugs. The contents are not intended to be used as scare tactics nor as a complete curriculum for drug education. The pamphlets may be used alone or as a series. They are written at the middle school reading level but could be utilized at other levels.

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Who is the series for?

The pamphlets are written at a 5-8 grade reading level and are primarily targeted at students in those grades. However, because many older students and adults read at that level the pamphlets may also be used for those groups. The content has thus been geared so that it meets the basic informational needs of older populations as well.

What is the series?

Each pamphlet in the series covers physiology, how drugs affect the body, issues relative to specific drugs and common definitions of general terms concerning mood-altering drugs. The purpose of the series is to expand the knowledge and explore the attitudes and decision making skills of the middle school age student about mood-altering drugs. It is not intended to be an adequate substitute for a values clarification or decision-making curriculum.

What are the series' objectives?

-to encourage students, parents and teachers to review accurate information about mood-altering drugs.

-to stimulate classroom discussion about mood-altering drugs.

-to increase awareness of mood-altering drugs.

-to help students, teachers and parents become aware of their own reactions and feelings about mood-altering drugs.

How to use the guide.

The guide includes a short summary of each pamphlet and background information for parents or teachers to use for further explanation and classroom discussion. The key statements have been identified and clarified and follow-up questions are included for discussion. Questions involving opinion or values are open-ended and have no right or wrong answers.

The order in which the pamphlets are used in the classroom is open to individual choice although it may be beneficial to use the pamphlet, "An Introduction to Mood-Altering Drugs" to start.

The series includes:

-An Introduction to Mood-Altering Drugs
-Depressants
-Alcohol: the Number One Drug
-Stimulants
-Hallucinogens
-Marijuana

Drug Education in the Middle School

Early adolescence is a complex period during which young people are making more and more of their own decisions. Knowledge of mood-altering drugs varies greatly within this age group. Thus, these pamphlets were developed to provide middle school students with information about mood-altering drugs so that they will be better able to make personally rewarding decisions.

Drug education involves dealing with two subjects. One subject is drugs and the other subject is the individual; how s/he feels, thinks, interacts and decides. Drug abuse is the result of a negative interaction between a person and drugs. Drugs themselves hold no value. How a person interacts with a drug determines whether that drug is good or bad for them, at that time. A narcotic used to reduce post-operative pain is beneficial. A narcotic injected repeatedly, which causes addiction, is destructive. Wine with a meal for the social drinker is beneficial. Alcohol for the alcoholic or abusive drinker is destructive.

It is the interaction between people and drugs which should be the focus of drug education. Since the drug is the constant in this relationship, it is how people think, feel, and act which determines whether the relationship will be beneficial or destructive. Therefore, it is important to include attitude and values exploration, self concept development, communications skills development, and decision making skills along with factual information about drugs, in order to have a comprehensive drug education program.

Except for drug information, all of these areas have a focus on personal or interpersonal issues. Together they are sometimes referred to as life coping skills. Generally when a person is abusing drugs, s/he has either a poor self concept or inadequate life coping skills. It is felt that focusing on these issues related to self, plus providing clear factual information about drugs, will provide positive steps towards preventing drug abuse.

This pamphlet series provides a beginning for a drug abuse prevention program. This guide includes a bibliography of resources which can be used by you to further develop your own program.

WHAT IS PREVENTION?

Drug Education is a small part of alcohol and other drug abuse prevention. If you are interested in developing a more comprehensive prevention program, the following strategies may give you ideas for diminishing alcohol and other drug abuse problems.

Prevention

Prevention includes purposeful activites designed to promote personal (emotional, intellectual, physical, spiritual and social) growth of individuals and strengthen the aspects of the community environment which are supportive to them in order to preclude, forestall or impede the development of alcohol and other drug abuse problems.

In Wisconsin prevention activities have been grouped in five strategy areas. Since prevention planning and programming centers around these strategy areas, they will be defined and used as the basis for reporting prevention resources and needs. The five strategy areas are:

1. Public Information - Provision of factual information about drugs, examples of abuse, reasons or causes of abuse, and availability of local prevention and treatment resources. The goal of public information is to provide the basic data upon which individuals make decisions about their own drug use. Public information may include the use of such tools as pamphlets, media campaigns, posters, public forums, debates, speakers' bureaus, displays, etc.

2. Education - Experiences designed to improve our thinking, learning, coping and decision-making skills. The goal of education is to change or reinforce our drug use behavior. Education tools such as values clarification, communication skill-building, decision-making exercises, parenting courses, transactional analysis and open classrooms are but a few of the many techniques used by prevention programs.

3. Alternatives - Activities and experiences which fulfill or surpass the feelings that alcohol and other drugs provide. Alternatives should make us feel good about ourselves and provide a sense of accomplishment. Alternatives may cover the wide range of human experiences. Some examples are peer counseling, voluntary action work, physical activities, political action, hobbies, intellectual challenges, etc.

4. Community Organization - Action to make constructive changes in communities so that they are more responsive to the individual needs of their citizens and so that conditions that promote the abuse of alcohol and other drugs are reduced or eliminated. Community organization should give us a sense of power over our own lives and make us feel part of a larger universe. The community may be as small as a family unit or as large as a country. Community surveys, planning groups, block organizations, petitions and community night schools are some of many organizations efforts.

5. Social Policy - Guidelines reflected in laws, regulations, standards, public plans, peer pressure and moral beliefs that we use in making decisions about alcohol and other drug use. Social policies, written or unwritten, provide a standard by which we can compare our own drug use behavior. Social policies may be specific (providing free New Year's Eve bus transportation) or general (coming to work stoned is not socially acceptable).

None of the above strategies should be used singularly or exclusively. A successful prevention effort should include a combination of the five strategies, individualized for each community's needs and resources. Prevention is a community effort.

AN INTRODUCTION TO MOOD-ALTERING DRUGS **Pamphlet #1**

This pamphlet is an introduction to the pharmacology of drugs. Definitions of basic drug actions, why people use mood-altering drugs and common drug reactions are the main components of this pamphlet. Discussion questions are listed at the end of the pamphlet. The contents discuss physical and psychological drug reactions common to all types of mood-altering drugs.

The following concepts may require discussion or explanation.

"People all over the world have been using drugs" (P. 2)

Drugs have been used for thousands of years. In the beginning they were used mainly as a component of religious ceremonies. Through experimentation, certain drugs proved to be effective. Early in the 19th Century, scientists experimented to discover what chemicals were found in various drugs and what effects these drugs had.

The word "drug" is a French derivitive of the word "drogue" which means dry substance. This probably resulted from the use of dry herbs in many earlier drug preparations and remedies.

The pharmacological definition of a drug is any substance other than food that by its chemical or physical nature changes the structure or function of a living organism.

Many people consider a drug the same as a medicine: however, this is not exactly true. A drug is only considered a medicine if it is used therapeutically (as in the treatment of a disease, illness or injury).

"Why do people use mood-altering drugs?" (P. 4)

People use mood-altering drugs for a wide variety of reasons. It is important to consider the realm of drug use, non-use and abuse.

Drugs are neither good nor bad. An important consideration is the user's behavior or the way the drug is being used. The labeling of a particular use of a drug as "abusive" is often a value statement by the persons observing the user. However, the term "abusive" can also describe medical conditions or what appear to be self destructive actions. All drugs can be used in a manner that can be potentially labeled abusive.

The decision to use or not use a drug usually involves some examination of positive and negative factors relative to the individual and his/her environment. These factors may or may not include accurate information about the affects of the drug. But environmental considerations are often more important, i.e., peer and parental reactions and pressures, drug availability, opportunities for self expression and exploration etc. The potential user's mood and how he/she assesses it and deals with it (i.e. feelings of boredom, self-hate, desires to experiment) are also important factors.

The more information an individual has about these factors and the more he/she is aware of them, the more likely the decision will be in line with what the person really wants.

People are faced with making decisions about their drug use or non-use all the time - especially in situations where drugs are readily available, are being promoted (i.e., through advertising), or are being used. A goal of drug education is to help students become more aware of their decision-making processes so as to help them realize they always have a choice.

"The way you react depends on" (P. 5)

> Drug dosage, the amount the person has taken, will affect the individual reaction. It is also important to remember that every drug has multiple effects.
>
> The effects of a drug depend on the person's experience with that drug and also his/her expectations. An individual's attitude will also have a significant effect on his/her perception of the drug experience.

Some other factors which can influence the affects of a drug are the amount of rest a person has had, their general health, how well their body is functioning, and other drugs (and in some cases the foods) in their body. Each individual may react differently than others do to any given drug - and the reactions of a person to the same drug may vary from one time to another.

Pages 7-10:

> Psychological Intoxication: Without taking the drug, individuals may exhibit characteristics of the drug action, as they anticipate the drug experience.
>
> Dependence on a drug generally occurs after continual use of a drug for an extended period of time.
>
> Psychological Dependence or Habit is a strong craving for the mental effects produced by a drug. If the dependence is strong the person may experience depression if the drug is discontinued. Drugs producing psychological dependence but no physical dependence, include cocaine, marijuana, and hallucinogens.

There is now some debate as to whether or not tobacco and amphetamine use can lead to physical as well as psychological dependence. There seems to be some evidence that they do.

> Physical Dependence (or Addiction) is characterized by a change in the body systems resulting in withdrawal symptoms if the drug is discontinued. This is usually accompanied by psychological dependence. Drugs producing physical dependence include alcohol, opiates, barbiturates, sedatives and minor tranquilizers.
>
> Withdrawal symptoms vary depending on the specific drug used, amounts taken, and the length of time used. The symptoms include distinct physical and behavioral reactions which often can be controlled by professional treatment. Sudden withdrawal from some depressants such as alcohol or barbiturates can be life threatening but the term withdrawal does not necessarily imply that death will occur (i.e., a common myth held about heroin withdrawal).
>
> Tolerance: A cumulative action in the cells that necessitates an increase of dosage to maintain a given action or effect. Drugs producing increased tolerance include opiates, barbiturates, alcohol and some hallucinogens.

With marijuana use there is a phenomenon known as reverse tolerance in which some users need less of the drug to produce a given effect. The tolerance produced by LSD is also somewhat different. Tolerance here develops quickly with continuous use over 3-5 days but once tolerance is achieved the user no longer experiences the effects of the drug. When use is discontinued for 4-5 days the user regains sensitivity to the drug effects. These points serve to emphasize the fact that drug reactions and effects cannot be overly generalized.

DISCUSSION QUESTIONS AND POSSIBLE POINTS FOR CONSIDERATION

1. What are the most important things to think about before using a mood-altering drug?
   Consider individual emotional state, environment; is the drug legal/illegal? are you negating responsibility if you use a drug? is there a possibility of danger or accident? what is the drug?

2. If you want more information about drugs where could you go?
   Consider teachers, parents, local alcohol and other drug resources, nurses, doctors, pharmacists, police, local legislators and the Wisconsin Clearinghouse for Alcohol and Other Drug Information.

3. What do ads tell you about drugs?
   Advertising is often very misleading; additional factual information is available from the FDA, local alcohol and other drug resources and local pharmacists.

4. What ideas do you get about drugs from watching t.v.?
   Television advertising is designed to influence the viewer to buy a product. Advertising techniques try to persuade the viewer that life will be "so much better" with the use of that product.

5. How do your parents or other people you live with feel about mood-altering drugs?
   Have the students share the pamphlets with their parents and discuss, in class, parents' attitudes. Is there a double standard operating?

6. What are your feelings about the use of mood-altering drugs?
   *Questions of opinion or value related issues are open-ended and have no right or wrong answers.

7. Why should we know about drugs?
   The more information the individual has, the more likely a decision will be in line with what the person really wants.

8. What are some things you do to make you feel good? (Alternatives)
   List activities and experiences which equal or surpass the feelings that drugs might provide.

DEPRESSANTS Pamphlet #2

This pamphlet is designed as an overview of all mood-altering drugs that decrease cellular activity and slow down the Central Nervous System. Specific actions and reactions are listed. Discussion questions are included at the end of the pamphlet. Depressants are the largest category of mood-altering drugs and further discussion and explanation may be required on specific drugs.

The following concepts may require discussion or explanation.

"It may be dangerous" (P. 2)

The dangers arise both from changes in alertness and physical coordination and from the failure of the intoxicated person to realize that he/she is being affected by the drug (or to deal rationally with the affects). Depressants can affect one's functioning even if the user does not feel affected by the drug.

"illegal use is a major drug problem" (P. 3)

The problem can be defined in many ways. For example, because heroin is an illegal drug its illegal use, by definition, becomes a law enforcement problem. Many additional problems arise from this - i.e. unpredictable reactions to street heroin due to uncontrolled quality and potency; thefts (and sometimes violence) to maintain supplies for expensive, illegal, habits; the intervention of organized crime. Some specific medical problems are overdoses, deaths, infection from unsterile needles, circulatory system damage, etc.

It should also be noted that opiates are used medically as sedatives, cough suppressants and to control diarrhea. People use opiates illicitly because of the euphoric ("high") feelings they produce and to anaesthetize themselves from reality.

Tranquilizers (P. 4)

Tranquilizers are primarily used as relaxants, not to cause sleep. However, their use before bedtime may allow a person to relax enough to fall asleep.

"widespread use or overuse has become a drug problem" (P. 4)

Unfortunately, tranquilizers are often used or prescribed as substitutes for treatment of or coping with psychological problems or stress situations. While they can be effective therapeutic aids they are often used without considering non-chemical problem solving or relaxation methods. Students should be encouraged to consider whether chemicals are the best way to deal with problems even if the drugs are prescribed. Alternatives are usually available and are often more effective in the long run.

"They are not" (P. 5)

Withdrawal symptoms from some tranquilizers (i.e. Valium) have been documented and the physical dependency possibly created by these drugs is being researched.

"many people think its (alcohol) use is more acceptable" (P. 6)

This may be an appropriate place for your class to discuss why they think alcohol is more accepted and whether or not this makes sense.

"Some people use downers to feel high" (P. 6)

The use of depressants such as Librium, Valium and alcohol may produce a "high" through the action of decreasing cellular activity which produces a slowing down of the metabolism. The individual is more relaxed, thus feels the effects of euphoria or a "high".

"Too much of a depressant can cause an overdose." (P. 7)

An overdose can be a sudden death or a more gradual process during which the activity of the cells slow down more and more, depending on the amount of the drug the person has taken and the condition of their body. This process may take many hours or a few minutes. In the case of the individual that "chugs" a large amount of alcohol, the high concentration of the drug turns off body functions. A person need not die of an overdose of depressants. First aid techniques of artificial respiration will supply the necessary oxygen needed to allow the drug to be absorbed, oxidised and eliminated by the body. This process may take many hours, depending on the amount of the drug the person has taken.

"2 x 2 = 8" (Picture, P. 8)

Taking more than one kind of depressant at one time is known as synergism. When these drugs are taken together, the effect is greatly exaggerated and more than if each drug were taken separately (i.e. alcohol and barbiturates).

"Inhalants are depressants found in some glues, cleaning fluids etc." (P. 9)

Because the effects of inhalants vary greatly, it is important to "emphasize" the dangers of inhalants since there is so little known about them. There are many exaggerated reports about the effects of glue sniffing (see resource materials).

Inhalants are easily accessible to middle school age students and it is important to emphasize the danger of experimentation with any type of inhalant or other drug found in the home.

DISCUSSION QUESTIONS AND POSSIBLE POINTS FOR CONSIDERATION

1. Why do people use depressants?
   To relax, calm down, to escape from everyday life, to relieve tensions and pressures, to go to sleep, peer pressure, etc.

2. For what reasons would you want to slow your body down?
   If you are upset about something, nervous, you may want to forget about problems or avoid making decisions.

3. What are some things you can do, besides using depressant drugs, if you're having trouble sleeping or relaxing?
   Exercise, go for a walk, sports or hobbies, read, develop a hobby, talk to a friend, meditation or relaxation techniques ....

4. What do you think would be some problems with relying on depressants to relax or sleep?
   Physical dependence, relying on other drugs to "wake up", you won't solve any problems, they will still be there.

5. What would you do if a friend takes too much of a depressant and passes out or falls asleep? How can you tell if they're in danger?
   Call for help (police, hospital emergency room, neighbor), make sure the person is breathing and has an open airway. Try to find out what type of drug the person has taken.
   You know the person is in danger if s/he does not wake up, or if s/he is having trouble breathing.

ALCOHOL: THE NUMBER ONE DRUG Pamphlet #3

This pamphlet provides some basic facts to stimulate thinking about what alcohol is, how it is used and problems of abuse. Discussion questions are listed at the end of the pamphlet to enable students to more closely examine their own feelings about alcohol. Questions of opinion and value related issues are open-ended and have no right or wrong answers.

The following concepts may require discussion or explanation.

Alcohol as a "Drug" (P. 1)

A common misconception is that alcohol is not a drug. This idea has been around for years. In reality, alcohol is a drug and the number one drug of use throughout the United States. It is important to emphasize alcohol as a drug and to consider its non-use, use and abuse.

"socially acceptable" (P. 2)

Use of the drug alcohol is generally accepted in our society. It is important to discuss alcohol's uses and some of the cultural reasons for that - in religious ceremonies, at social gatherings, for celebration, as a beverage. Socially acceptable drinking usually implies that a decision has been made to drink in a controlled, limited manner with the drinker in control of the situation. The term social drinking includes this but with an emphasis upon the use of alcohol as a social lubricant rather than as a means to solve problems or to cover up uneasiness.

The way alcohol affects your body (P. 4)

The average adult individual can absorb, oxidize and eliminate approximately one drink (12 oz. beer, 4 oz. wine, 1 1/2 oz. hard liquor) per hour. Body size, amount of food in the stomach, type of beverage, concentration of alcohol, rate of drinking, tolerance, emotions and the drinking environment are factors that influence the alcohol absorption rate.

What is alcoholism (P.5)

Alcoholism is a illness of compulsive abuse of alcohol. The individual is physically dependent on the drug-alcohol. Statistically, one in ten drinkers may develop the illness alcoholism. Problem drinking (not necessarily physical dependence) is another component of alcohol abuse. A problem drinker may have many of the characteristics of alcoholism although the body is not physically dependent on alcohol.

Drinking age (P. 8)

It may be important to discuss why we have a legal age for alcohol consumption. It is important to emphasize the legal, physical, social and emotional implications of drinking.

DISCUSSION QUESTIONS AND POSSIBLE POINTS FOR CONSIDERATION

1. Why do you think alcohol causes problems in this country?
   Consider social, physical, emotional, cultural and legal aspects of alcohol problems.

2. How do your parents feel about drinking? Do you agree with them?
   Questions of opinion or value related issues are open-ended and have no right or wrong answers.

3. In what kinds of situations do you think it is alright to drink? In what situations do you think it is not alright to drink?
   Have students brainstorm.

4. What can you do if your friends want you to drink and you're not sure? Can you say no to them? If not, why not?
   Discuss peer pressure among youth and adults. Individuals are constantly influenced by peers with regard to alcohol use.

5. How would you feel if one of your friends got drunk? What would you do?
   Discuss first aid, individual responsibility for behavior and protection against accident or injury.

The following are additional questions for classroom discussion.

1. In what situations have you seen alcohol used?

2. Why do people drink (motivation)?

3. Is it OK for you to drink? Why?

4. What is "responsible" use of alcohol?

5. What are the ways in which you have fun and/or relax? (Alternatives)

STIMULANTS Pamphlet #4

Stimulants increase cellular activity of the central nervous system. The pamphlet discusses the wide range of stimulants from mild to strong (caffeine to amphetamines). Specific actions, reactions and definitions of stimulants are discussed in this pamphlet. A large section discusses nicotine and cigarette smoking.

The following concepts may require discussion or explanation.

"They work in the opposite way from depressants" (P.2)
The use of stimulants (i.e. coffee) to counteract the action of depressants (alcohol) is a common misconception. Caffeine will not "sober up" a person who has had too much alcohol. The use of stimulants does not increase the elimination of depressant drugs from the body nor do they necessarily counteract the depressants' effects. In fact, both chemicals work at the same time.

"Others use these stimulants to help them feel better..." (P. 5)
The drug action of stimulants increases the activity of the central nervous system. When an individual uses a stimulant because they are psychologically depressed, the person may feel the depression is alleviated. However, after the drug effect wears off the depression will recur and may even increase. Some researchers consider this to be a withdrawal like reaction to physical dependence.

"Frequent doses" (P.3)
It is the long term use of stimulants on a regular basis that will affect the physical and emotional health of the individual. Short term or one time use (at lower doses) has varying effects.

Stimulants and Dependency (P.3)
It has been an accepted fact in the past that the prolonged use of stimulants does not lead to physical dependence. However, current research is reexamining this issue and there seems to be strong evidence that the use of nicotine can lead to physical dependence. With the prolonged use of stimulants of all types the need for increased amounts (tolerance) and psychological dependence may be evident. If individuals discontinue the frequent use of stimulants, they may experience anxiety or emotional depression until their body readjusts to its drug free state.

Slang terms (P.4)
The use of slang terms with regard to cocaine and amphetamines is used in the pamphlet because many drugs are known to youths only by their street (slang) names.

"Stimulant use can wear down the body..." (P.6)
When a person uses a strong stimulant their energy increases because of an increased drain from their system. This necessitates the replacement of this energy i.e. more sleep or food, after the drug effect has worn off. This energy drain also causes a "crash," a sense of great fatigue, (which may include depression) after the drug effect has ceased.

"Caffeine and Nicotine..." (P.7)

Mild stimulants, found in tea, coffee and tobacco are generally legal and used by a large portion of the population. The use of this information (as a scare tactic) to demonstrate widespread drug abuse is not considered an effective aspect of drug education. It would be better to emphasize the health hazards of too much caffeine and of smoking.

Why do people smoke.... (P 8-9)

Discussion of smoking regulations in schools and public places may be appropriate at this point. Why have certain regulations been enacted (i.e. in airplanes, restaurants)?

"Smoking is very habit-forming!" (P.9)

Nicotine may cause physical dependency, however psychological dependency often develops. People smoke for many reasons; to calm nerves, relax, peer pressure, etc. The concept of smoking is a "habit" is broader than just a drug problem and involves social pressures, personal and emotional needs, parental modeling etc.

DISCUSSION QUESTIONS AND POSSIBLE POINTS OF CONSIDERATION

1. Do people have the right to smoke if they want to and where they want to?
   Questions of opinion or value related issues are open-ended and have no right or wrong answers.

2. What rights do you have if you don't like smoking?
   You have the right to ask a person to stop smoking. You have the right to sit in a non-smoking section of a restaurant, bus, plane or other public place. You have the right to be a non-smoker. You don't have to smoke just because everyone else does.

3. What are the reasons someone would want to use a stimulant?
   Brainstorm the reasons and discuss in class.

4. What are some other non-drug ways to get stimulant effects?
   List activities and experiences which fulfill or surpass the feelings that stimulants provide. (alternatives)

CLASS ACTIVITY (P. 8-9)

One way to get your class to more carefully analyze the effects of advertising would be to have them collect such ads from newspapers and magazines. This can be followed up by a class discussion about what the ads are trying to do, what kinds of images are they projecting, what kinds of life styles, personalities or activites are they connecting with smoking. Are these realistic?

In addition classes can make collages, or can create short skits which act out the ads and then which act out what is's really like to smoke in that situation. The same activites would be appropriate for alcohol and over the counter drug advertising.

"decrease physical endurance...." (P. 10)

This is due to a decrease in the amount of oxygen, and an increase in the amount of carbon monoxide in the body. For regular smokers lung capacity progressively decreases.

"Smoking is very habit forming!"

The issues surrounding smoking are varied and complex. Certainly a primary one is how to deal with a chemical which is extremely habit forming (in a psychological and probably physical sense as well). The statistics of regular smokers who have succeeded in permanently quitting are discouraging. In addition, people smoke because of a wide variety of influences and pressures - peer pressure, adult modeling, to calm nerves, relax, personal needs, social pressures, advertising etc. These factors need to be discussed and explored - resisting the harmful drug effects of nicotine will not discourage many potential smokers.

HALLUCINOGENS Pamphlet #5

Hallucinogens are mood-altering drugs that create vivid distortions in the senses without greatly interfering with the user's consciousness. Most hallucinogens are illegal, although peyote is legally used by the Native American Church. Hallucinogens do not cause physical dependence although tolerance to the drugs builds up very quickly with continued daily use. Tolerance disappears quickly after a few days of not using hallucinogens. This pamphlet is designed to emphasize the physical, emotional and social implications of hallucinogens.

The following concepts may require discussion or explanation.

Illusions (P. 3)

There is a distinct difference between illusions and hallucinations. It is important to emphasize the difference and clarify that hallucinogens generally create illusions.

Illusion: when things are not as they seem. The environment becomes distorted, shapes and space around you may seem to change.

Hallucinations: picturing, seeing or hearing things that do not exist.

Perceptions (P. 4)

The effects of hallucinogens are not necessarily negative. Psychedelic drugs may induce positive illusions, depending on the individual's feelings about the environment and previous experience with or awareness of the particular mood-altering drug.

"A trip depends a lot on....." (P. 5)

It is important to emphasize that the effects of hallucinogens will vary from individual to individual and from one use to the next. An individual can usually control a bad trip by talking it out with someone who is caring and a good listener. Their emotional stability and a calm atmosphere can help bring the tripper through a bad experience.

The reports of suicide from the use of hallucinogens relates to panic and disorientation (and often misreporting by the press). The person may feel the experience will never end. Treatment for panic or a bad trip can be given by: 1. creating a calm atmosphere, 2. talking about non-threatening things, 3. telling the person they're OK - that they're only experiencing a bad drug reaction which will soon wear off.

Flashbacks (P. 6)

Flashbacks can be pleasant, or cause great fear. They are much like daydreams or deja vu. There is little conclusive research on flashbacks. They are infrequent and researchers do not know why one person experiences flashbacks and many others do not. However, they rarely occur more than six months after the last hallucinogenic drug experience and are more likely to occur if a person "trips" several times.

Chromosome Damage: There is little evidence of permanent chromosome damage caused by psychedelics. The chromosomes that are damaged are "circulating" (those present in the body but not those which affect genetic inheritance) and may be damaged naturally or due to a wide variety of factors.

MARIJUANA Pamphlet #6

This pamphlet is designed to emphasize the physical, emotional, social and legal implications of marijuana. Some scientists and researchers have suggested that marijuana be classified in a category of its' own. The penalties for possession of marijuana are changing in many states. The purpose of this pamphlet is to provide the reader with accurate information, to stimulate discussion and to provide a neutral framework within which he/she may consider the many public debates about marijuana.

The Wisconsin Clearinghouse neither advocates the use of marijuana nor condemns it as an evil. It is a drug, about which we need to know a great deal more, and which may have adverse and beneficial effects. We discourage its use by minors and its abuse by anyone. Our purpose is not to advocate for one side or the other in the public debates concerning marijuana but to keep the public informed with up-to-date, accurate, well reasoned and researched findings. We encourage a free and open debate about the role of marijuana in our lives and society and encourage everyone to question all claims purporting to have the ultimate or only truth.

The following concepts may require discussion and explanation.

THC (P.2)

The potency of marijuana varies widely throughout the worl and depends on cultivation techniques, climatic conditions and plant strains. THC is a liquid in its pure form and is not available outside of laboratories in the United States. There have been reports of THC available on the streets but it is likely to be a synthetic substitute such as PCP or a concentrate from Hashish. THC is an extremely unstable chemical and thus impractical for street use.

"So far, research . . . " (P.6)

There has been a tremendous amount of concern about and debate over the effects of marijuana. Unfortunately, much of the research done and the publicizing of it has been biased (for and against marijuana) by the intent and preexisting opinions of scientists and those addressing the public. Findings have often been fitted to an individual's feelings leaving most of us wondering who or what to believe. Many well read experts (self proclaimed or otherwise) have only publicized aspects of research which reinforce their arguments.

We suggest that you make up your own mind based upon as much reading, thinking and unprejudiced observation as possible. Before believing any person or group ask whether or not what they say about marijuana reflects knowledge, preexisting opinions, limited experiences from which broad generalizations are made, and/or over simplifications. If they are avidly pro or anti-marijuana is it likely that they would give credence to or inform you accurately of contradictory evidence? What is the basis for their opinion and is it open to argument and revision?

Marijuana/Alcohol (P.9)

The pamphlet mentions alcohol and marijuana together since much debate includes a comparison of both drugs. With low amounts of both marijuana and alcohol, the psychological effects are somewhat similar; an early high followed later by relaxation. When comparisons were made between the two drugs, moods and emotions were found to be similar except for the alteration of perceptions produced by marijuana. However, at higher dosage levels the drugs act quite differently and are not comparable. If alcohol and marijuana are used together the effects of both will occur. Additional resources concerning local laws and decriminalization are available from local police authorities, state legislators and NORML, 2317 M Street N.W., Washington, D.C. 20037.

Pushers

It is important to emphasize that use of the stereotype, "shady pusher," is a scare tactic. In the past it was thought that all illegal drugs were introduced to individuals by a pusher. This myth is beginning to disapper as research indicates most people are introduced to all mood-altering drugs by their peers.

DISCUSSION QUESTIONS AND CLASSROOM ACTIVITIES

1. Where can you get more information about marijuana?
   Local drug information resources, agencies, Wisconsin Clearinghouse for Alcohol and Other Drug Information, and NORML.

2. How do your parents feel about marijuana? Discuss how your parents might react if they knew you smoked. How would you handle it?

Classroom Activities

A. Panel discussion with local officials on decriminalization.
B. Classroom debate on decriminalization.
C. Sharing time to discuss activities which make us feel high or satisfied or excited. Perhaps some students can teach the class how to do something new.

Suggested Readings in Prevention and Affective Education

Allison, Linda, Blood and Guts: A Working Guide to Your Own Insides (Little, Brown and Co,. Boston), 1976, $3.95. A "do-it-yourself, get-acquainted guide to your own anatomy," full of information, activities and experiments about our bodies. Probably for 5th grades on up but some of the activities could be used with younger students.

Brecher, Edward M., et. al., Licit and Illicit Drugs (Little, Brown and Co., Boston), 1972, $4.95. Excellent information and reference book on historical, sociological and political aspects of drug use and abuse.

Brown, George Issac, Human Teaching for Human Learning: An Introduction to Confluent Education (Viking Press: 625 Madison Ave., New York, N.Y. 10022), 1972, $2.95. Focuses on combining affective techniques with traditional education curricula. This merging is called confluent education. First section of the book contains theory; the second section shows some models for practical application.

Canfield, Jack, Harold C. Wells, 100 Ways to Enhance Self-Concept in the Classroom: A Handbook for Teachers and Parents (Prentice-Hall, Inc.: Englewood Cliffs, N.J.), 1976. Sourcebook for activities; a comprehensive variety of exercises, experiments and approaches for many classroom structures. Arranged in a sequential way with lessons building on each other. Areas included are--"Getting Started: Building an environment of positive support, My Strengths, Who Am I, Accepting My Body, Where Am I Going, the Language of Self, and Relationship with Others."

Castillo, Gloria, Left-Handed Teaching. Lessons in Affective Education (Praeger Publishers, Inc.: 111 Fourth Ave., New York, N.Y. 10003). 1974, $2.95 An excellent book filled with activities that take an experiential approach to learning about self and others. Gloria's activities are exciting and different from the value clarification approach to self-understanding.

Galbraith, Ronald E., Thomas M. Jones, Moral Reasoning: A Teaching Handbook for Adapting Kohlberg to the Classroom (Greenhaven Press: Anoka, Minn. 55303), 1976. This book summarizes Kohlberg's theory of moral development and gives concrete examples of how to apply it on the classroom. Discusses the dilemma story, teaching plans and processes and provides sample materials. Chapter 6 focuses specifically on elementary level.

Glasser, W., Schools Without Failure (Perennial Library: 10 East 53 Street, New York 10022), 1969, 271 pp., $1.95. Suggestions for making involvement, relevance and thinking into realities in our schools.

Glasser, W., Positive Addiction, (Harper & Row: 10 East 53 Street, New York 10022), 1976, 159 pp., $7.95. Also available in paperback. "it is possible to become "addicted" to positive behavior, which develops character and body - i.e. running, meditating, chanting or regularly hitting a baseball, for a specific period each day."

Gordon, Thomas., T.E.T. Teacher Effectiveness Training (Peter H. Wyden, Publisher: 750 Third Ave., New York, N.Y. 10017), 1974, $9.95 Offers an effective system for improving teacher - student relationships and learning.

Hendricks, G., The centering book: awareness activities for children, parents and teachers./The second centering book: more awareness activities for children, parents and teachers. (Prentice Hall, Inc.: Englewood Cliffs, N.J.), 1975, 1977, $3.25 Two activity books which focus on transpersonal education; developing the whole person with a wide variety of activities including: physical and mental relaxation, centering, movement, fantasy, communication, etc. The second book has lots of ideas for integrating these activities with cognitive learning and subject areas. Highly recommended.

Miles, Samuel, Learning About Alcohol - A Resource Book for Teachers (AAHPER Publications - Sales: 1201 Sixteenth St., N.W., Washington, D.C. 20036), $4.00 Basic information and teaching strategies.

Miller, John P., Humanizing the Classroom: Models of Teaching in Affective Education (Praeger Publishers: New York, N.Y.), 1976. An excellent comparative overview of models of teaching in affective eduction, grouped as follows: developmental, self-concept, sensitivity and group orientation, conscious expansion. The presentation of each model includes theoretical orientation, classroom application, the teacher's role, applicability of the model and the learning environment.

National Clearinghouse for Drug Abuse Information. The following publications are available free for single copies from the Clearinghouse, 5600 Fishers Lane, Rockville, Md. 20857: Messolonghites, L., Alternative Pursuits for America's 3rd Century; an anthology which discusses perception, processes and programs related to prevention and the alternative theory.

Messolonghites, L. Primary Prevention in Drug Abuse. An Annotated Guide to the Literature.

N.I.D.A.: Beyond the Three R's. Training Teachers for Affective Education.
Doing Drug Education. The Role of the School Teacher.
Drug Abuse Prevention Films: A Multicultural Film Catalog.
Why Evaluate Drug Education.

Raths, Harmin and Simon, Values and Teaching (Charles E. Merrill Publishing Co.: 1300 Alum Creek Drive, Columbus, Ohio 43216). 1966, $5.50. Good introduction to the theory and uses of the values clarification process. An important book for teachers who want to understand the theory and process in order to develop their own valuing skills and activities.

Rosenfeld, Edward, The Book of Highs (Quadrangle/The New York Times Book Co.: 10 East 53 Street, New York 10022), 1973, $4.95. "250 Methods for Altering Your Consciousness Without Drugs"

Schaps, E., et. al., Balancing Head and Heart: Sensible Ideas for the Prevention of Drug and Alcohol Abuse; Book I - Prevention in Perspective; Book II - Eleven Strategies; Book III - Implementation and Resources; (Prevention Materials Institute: P.O. Box 152, Lafayette, California 94549), 1975, $4.95 each. Book I - A historical and theoretical survey of the prevention field which proposes a 'developmental model' for selecting and

coordinating specific strategies and a plan for long-range change." Book 2 - "An introduction to the philosophies and techniques of eleven promising prevention strategies, an independent critique of each and a summary of relevant research." Book 3 - "A detailed guide to organizing programs, obtaining top-quality staff, training, funding and evaluation."

Simon, Sidney, Leland Howe, Howard Kirschenbaum, Values Clarification: A Handbook of Practical Strategies for Teachers and Students (Hart Publishing Co: New York, N.Y. 10003), 1972, $3.95 Contains approximately 80 activities which can be used in the classroom and many good ideas which can be adapted to suit different age groups and class structures.

Steven, John, Awareness: Exploring, Experimenting, Experiencing (Real People Press: Box F, Moab, Utah 84532), 1971, $3.50 Written in a style that is easy to read and to follow, it contains a number of sections which include: Awareness, Communication within, Communication With Others, Fantasy Journeys, Group Activities, Art, Movement and Sound. There are well over a hundred activities described from which a wide variety of classroom lessons can be developed. A good resource book for teachers who are looking for ideas that are affectively oriented.

Available from the Wisconsin Clearinghouse: 1954 E. Washington Ave., Madison, WI 53704:

Kinsolving, Jan, Projecting - A Facilitator's Guide to Alcohol and Other Drug Film Utilization - how to select and use films for education, $2.00 plus 75¢ postage and handling.

Manual For Group Facilitators - for anyone who works with groups. How to organize and guide groups, what to do and what not to do, $3.50 plus 75¢ for postage and handling. (written by Center For Conflict Resolution, Madison, Wisconsin.)

Take The Time - alternatives, resources, sharing ideas (illustrated) - 75¢ plus 75¢ for postage and handling.

Critiques - reviews of current films, pamphlets and books. One year subscription (6 issues) $10.00. Write Wisconsin Clearinghouse, Box C.

For an excellent survey of classroom curricula - Teaching Tools For Primary Prevention - A Guide To Classroom Curricula (free - single copies only) from Pyramid, 3746 Mt. Diablo Blvd., Suite 200, Lafayette, CA 94549.

NATIONAL ALCOHOL AND OTHER DRUG PUBLICATIONS AND INFORMATION

1. Wisconsin Clearinghouse
   1954 E. Washington Av.
   Madison, WI 53704, 608-263-2797
   Emphasis on prevention; written materials for general public use and education; distributor of NIDA and NIAAA materials; low cost.

2. AA World Services, Inc.
   P.O. Box 459
   Grand Central Station
   New York, NY 10017

   Al-Anon and Alateen Literature
   P.O. Box 182
   Madison Square Garden
   New York, NY 10010

   Literature outlet for Alcoholics Anonymous and Al-Anon; reflects AA philosophy; literature aimed at people who have alcohol problems or are involved with alcoholics; low-moderate cost.

3. Alcohol and Drug Addiction Research Foundation (ARF)
   33 Russell St.
   Toronto, Ontario, Canada M5S 2S1
   Factual, well-researched information; some technical info intended for drug abuse professionals; sound reputation for high quality work; pamphlets and books, journal (Addictions) and newspaper (The Journal); moderate cost.

4. Compcare Publications
   2415 Annapolis Lane, Suite 140
   Minneapolis, MN 55441, 800-328-3330
   Distribute a wide variety of publications on alcohol and "growth-centered" topics. Cost moderate.

5. Do-It-Now Foundation
   P.O. Box 5115
   Pheoniz, AZ 85010, 602-257-0797
   Casual, for drug using audience; intervention, treatment, drug education; "street" information; quality generally high; low cost.

6. Hazelden
   P.O. Box 176
   Center City, MN 55012, 800-328-9288
   A chemical dependency treatment center; alcohol information with AA approach; distributes material written elsewhere: NCA, AA, Al-Anon; general audience and professionals; moderate price.

7. Health Communications, Inc.
   2119-A Hollywood Blvd.
   Hollywood, FL 33020, 305-920-9435
   General alcohol and other drug materials; program management; U.S. Journal of Drug and Alcohol Dependence; moderate cost.

8. National Center for Health Education
   Suite 215
   901 Sneath La.
   San Bruno, CA 94066, 800-227-6934
   Publications, advice and assistance in programming.

9. National Clearinghouse for Alcohol Information (NIAAA)
P.O. Box 2345
Rockville, MD 20852, 301-468-2600
Free, federally sponsored materials about alcohol and alcoholism; wide audience range; generally high quality.

10. National Clearinghouse for Drug Abuse Information (NCDAI)
5600 Fishers La.
Rockville, MD 20852, 301-443-6500
Free, federally sponsored information; wide variation in intended audience; federal bureaucratic tangles sometimes make access difficult.

11. National Council on Alcoholism (NCA)
733 Third Av.
New York, NY 10017, 212-986-4433
Alcohol information; Alcoholic Anonymous and other materials; varied audiences--general, hospital, labor and management, psychiatry, youth education; books, pamphlets, and periodicals; low-moderate cost.

12. Project Pyramid
3746 Mt. Diablo Blvd.
Suite 200
Lafayette, CA 94549, 800-227-0438
Federally funded prevention assistance and resource sharing network; program planning, staff and organizational development, community relations, media techniques; free.

13. Rutgers Center of Alcohol Studies
New Brunswick, NJ 08903, 201-932-3510
Publish Quarterly Journal of Studies on Alcohol; annotated bibliographies of alcohol educational information.

14. Women for Sobriety
P.O. Box 618
Quakertown, PA 18951
Newsletter, books, pamphlets, guidelines for self-help.

OTHER NATIONAL ORGANIZATIONS AND INFORMATION AGENCIES

1. Alcohol and Drug Problems Association
1101 15th St., N.W.
Washington, D.C. 20007, 202-452-0990

2. American Council on Alcohol Problems
119 Constitution Av., N.E.
Washington, D.C. 20002, 202-543-2441

3. AMA - Dept. of Health Education
535 N. Dearborn St.
Chicago, IL 60610, 312-751-6584

4. American Pharmaceutical Association
2215 Constitution Av., N.W.
Washington, D.C. 20037, 202-628-4410

5. DISCUS (Distilled Spirits Council of the U.S.)
   1300 Pennsylvania Bldg.
   Washington, D.C. 20004, 202-628-3544

6. Drug Enforcement Administration
   U.S. Dept. of Justice
   Washington, D.C. 20537

7. Food and Drug Administration
   5600 Fishers La.
   Rockville, MD 20857

8. Government Printing Office
   Washington, D.C. 20402

9. Narcotics Anonymous - World Services Office
   1346 N. Highland Av.
   Los Angeles, CA 90028, 213-463-2533

10. National Association of Prevention Professionals
    P.O. Box 3969
    Eugene, OR 97403

11. National Clearinghouse for Poison Control Centers
    U.S. Dept. of Health and Human Services
    Washington, D.C. 20201

12. National Congress of Parents and Teachers
    700 N. Rush St.
    Chicago, IL 60611, 312-787-0977

13. National Health Information Clearinghouse
    P.O. Box 1133
    Washington, D.C. 20013, 800-336-4797

14. NORML (National Organization for the Reform of Marijuana Laws)
    2317 M St., N.W.
    Washington, D.C. 20037

15. Other Victims of Alcoholism, Inc.
    P.O. Box 921
    Radio City Station
    New York, NY 10019

16. Whitman-Walker Clinic, Inc.
    1606 17th St., N.W.
    Washington, D.C. 20009
    (Publications and Organizing for Gays)

WISCONSIN AGENCIES AND ASSOCIATIONS

1. Bureau of Alcohol and Other Drug Abuse (BAODA)
   P.O. Box 7851
   Madison, WI 53707, 608-266-2717
   Assistance with grant writing; employee assistance and prevention programming; technical information on laws, programming, regulations, state planning, training availability. Regional consultants available.

2. Alcohol Problems Council of Wisconsin
   P.O. Box 8022
   Madison, WI 53708 608-838-9898

3. Alcoholics Anonymous
   238 W. Wisconsin Av., Suite 1200
   Milwaukee, WI 53203, 414-272-3081

4. Al-Anon
   8320 W. Blue Mound Rd., Room 209
   Wauwatosa, WI 53209, 414-258-6797

5. Department of Public Instruction
   Alcohol and Drug Education Project, 3rd Floor
   125 S. Webster
   Madison, WI 53702, 608-267-9242
   Curriculum development, technical assistance for school based drug education, prevention and health education.

6. Dept. of Transportation
   Office of Information/Safety
   P.O. Box 7910
   Madison, WI 53707, 608-266-2405
   Film library and pamphlets on drinking and driving.

7. Narcotics Anonymous Hotline
   414-258-6797

8. University of Wisconsin - Extension
   Center for Alcohol and Other Drug Studies
   323 Lowell Hall
   610 Langdon St.
   Madison, WI 53706, 608-263-7020
   Training and training information

9. Wisconsin Alcoholism and Drug Abuse Research Institute
   9191 Watertown Plank Rd.
   Milwaukee, WI 53226

10. Wisconsin Alcoholism and Drug Counselor Certification Board
    416 E. Main St.
    Waukesha, WI 53186
    Certification requirements and training availability.

11. Wisconsin Association on Alcohol and Other Drug Abuse (WAAODA)
333 W. Mifflin St.
Madison, WI 53703, 257-7970
Public advocacy group; legislative and public policy action; organizational development; public awareness campaigns; newsletter. Also contact for Women's Alliance, Women Reaching Women, AODA Advocacy Coalition.

12. Wisconsin Prevention Network
1954 E. Washington Av.
Madison, WI 53704

13. Women for Sobriety
Janie McGuire, Field Representative
RR 1, Box 37
Clinton, WI 53525, 608-676-4153 or 676-4211

An Introduction to MOOD-ALTERING DRUGS

REVISED EDITION

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FUNDED FROM NIDA, PL92-255 THROUGH WIS. DEPT. OF HEALTH AND SOCIAL SERVICES

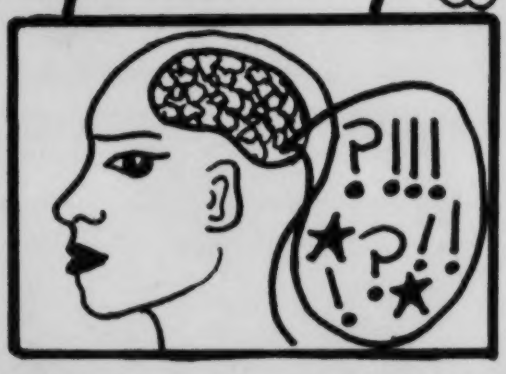
2.

You've probably heard and seen a lot of things about drugs; in advertising,

on television, in magazines, and from your parents, friends and teachers.

Many people in the United States use drugs. In fact, people all over the world have been using drugs for a long time.

A **DRUG** is a **chemical substance** which, when taken into your body, will cause changes in the way your body works and the way you feel **physically** or **mentally.**



MOOD-ALTERING DRUGS are those drugs which primarily affect your <u>mind</u> and <u>nervous system.</u>

4.

WHY do people use MOOD-ALTERING drugs?

... as medicine

... for recreation and escape

... because of boredom

... because friends do

... because a person is dependent on them.

WHAT are some reasons you can think of??

★★★ Whether a drug is ★★★ LEGAL or ILLEGAL it's important to know how it affects you; your mind and your body.

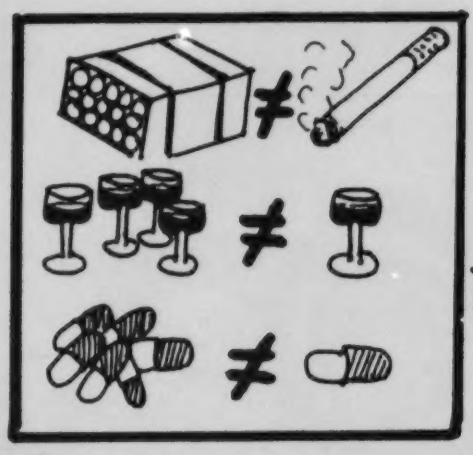
THE WAY YOU REACT TO A DRUG DEPENDS ON: 1. How you feel about yourself, the people around you, and your physical environment.

2. What you expect the drug to do.

3. Your size (tALL, short, BIG, little) and your physical health.

4. How much food is in your stomach.

Some other important factors are:



★ What the drug is intended to do.

★ How strong or potent the drug is.

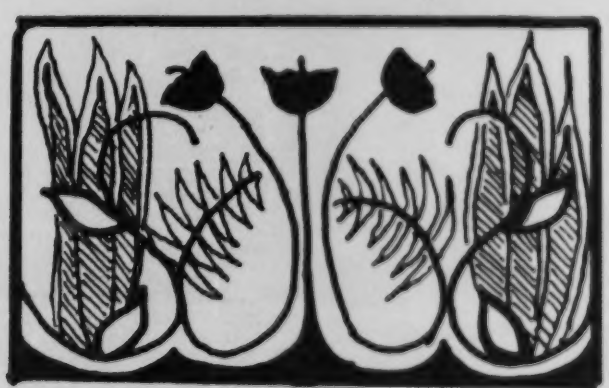
★ How much of the drug is taken.

6.

Drugs come from two sources:

SYNTHETIC (man made) drugs (i.e., aspirin) are made artificially in laboratories from different chemicals.

ORGANIC drugs (i.e., tobacco) are made from plants.

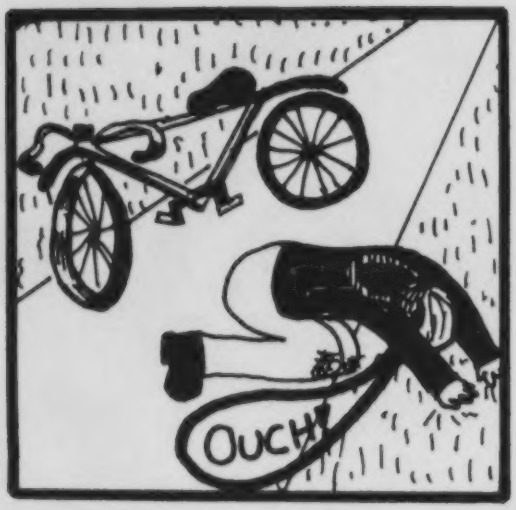


All mood-altering drugs have one thing in common - they affect your **NERVOUS SYSTEM.** Your nervous system sends messages throughout your body. It tells your brain what feels good, what hurts, when to walk or run and much more!

★ **DRUGS CAN CHANGE THOSE MESSAGES.**

8.

Because alcohol affects the nervous system, when a person drinks a lot he/she has trouble walking, talking or driving.



Therefore, it's important to understand how drugs can affect your body.

Sometimes when a person takes a drug over a period of time the nervous system sends messages that the body **NEEDS** the drug.

Certain dangers may result from that need:→

1. PSYCHOLOGICAL dependence or **HABIT** is when a person believes that he/she needs to take a drug to feel good — even though the body doesn't need the drug.

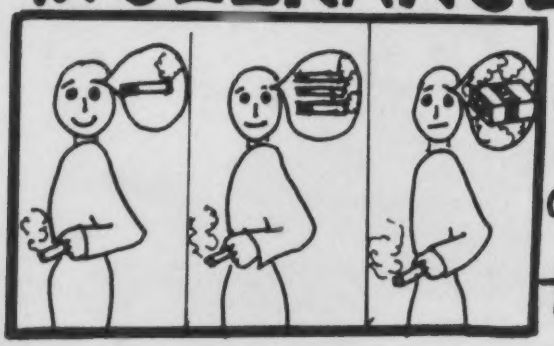
It can be emotionally hard for a person to stop taking a drug if he/she is psychologically dependent.

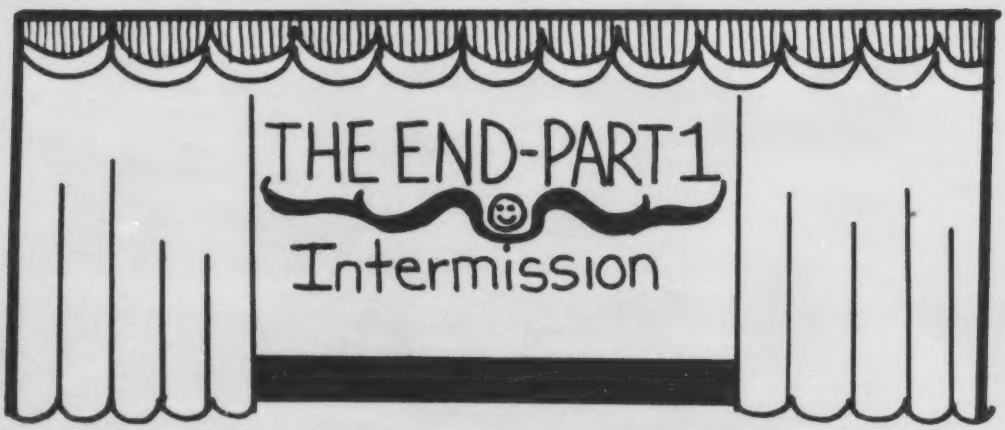
2. PHYSICAL dependence or **ADDICTION** is when the body's cells have changed to adapt to a certain amount of the drug. The body needs the drug to function and will go through WITHDRAWAL if the drug is stopped.

3.WITHDRAWAL occurs when you are dependent upon a drug and you stop taking it. This can be very hard on your body because the cells are adjusting to the drug not being there.

The person may get sick!

4.TOLERANCE is the need to take more and more of a drug to produce the same effect.





There are four main classifications of mood-altering drugs that we hear a lot about—

1. **DEPRESSANTS** (including ALCOHOL)
2. **STIMULANTS**
3. **HALLUCINOGENS**
4. **MARIJUANA**

These are described in other pamphlets of this series.

DISCUSSION QUESTIONS

1. What are the most important things to think about before using a mood-altering drug?
2. If you want more information about drugs where could you go? Who would you talk to about drugs?
3. What do ads tell you about drugs? Collect some from magazines and newspapers and look at the different ways they try to convince you to use drugs.
4. What ideas do you get about drugs from watching T.V.?
5. How do your parents or other people you live with feel about drugs?
6. What are your feelings about the use of mood-altering drugs?...for yourself? ...for your friends?..... for your family?
7. Why should we know about drugs?
8. What are some things you do to make you feel good? (alternatives to drug use)

Illustrated and Designed by Sophia Taubert
Text by Sophia Taubert, Richard Yoast,
Jean DiUlio and Larry Lenox
Produced by the Wisconsin CLEARINGHOUSE
for Alcohol and Other Drug Information
1954 E. Washinton Av., Madison, Wi 53704
(608) 263-2797

F-5004

DEPRESSANTS or "DOWNERS"

featuring...barbiturates, methaqualone(Quaalude), alcohol, tranquilizers (Valium, Librium, etc.), opiates (heroin, opium, morphine), glue, gasoline, spray can products, and others.

Revised Edition

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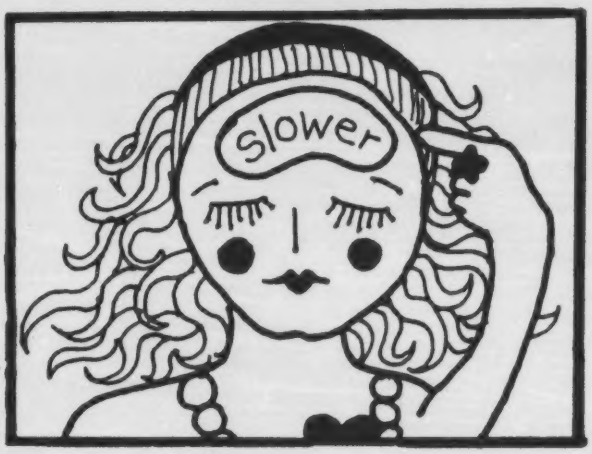
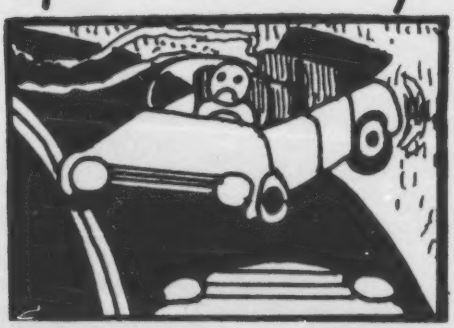
FUNDED FROM NIDA, PL 92-255 THROUGH WIS. DEPT. OF HEALTH AND SOCIAL SERVICES

2.

DEPRESSANTS are drugs which <u>slow you down</u>. They act on the Central Nervous System to slow down your thinking and your ability to make decisions. They numb your senses and decrease your heartbeat, breathing and use of your muscles.



Depressants can make it difficult for you to concentrate, to walk or to speak normally. It may be dangerous to use machines, ride a bike, drive a car or snowmobile.



PEOPLE USE "DOWNERS" FOR MANY REASONS.

OPIATES, also known as narcotics (such as morphine, opium, codeine in cough syrup, and heroin), are highly effective pain killers but are also easy to become addicted to. Thus doctors prescribe the milder ones for short periods of time. Heroin, because it is so potent, is not often used medically. However, its illegal use is a major drug abuse problem in this country and in many others.

4.

TRANQUILIZERS, or sedatives (such as Valium and Librium) are often used to reduce anxiety, and as muscle relaxants. These are the most widely prescribed drugs in the U.S.A.

Although not as powerful as other "downers," tranquilizers are prescribed so often that many people feel their widespread use or overuse has become a drug abuse problem. Many people, unfortunately, think they are safe to use without medical

supervision or for long periods of time. They are not.

SLEEPING PILLS (i.e., barbiturates and Quaalude) are used to cause sleep and to treat anxiety, tension, and illnesses in which seizures and convulsions occur. Most sleeping pills are prescribed for medical reasons. Some people, however, overuse them or obtain them illegally and sometimes become dependent upon them. Barbiturates are a major factor in many accidental drug poisonings.

6.

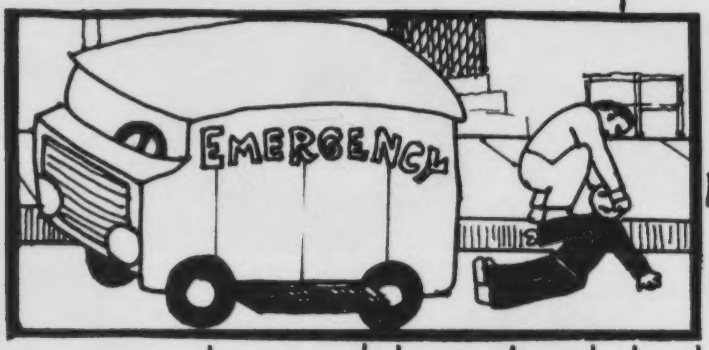
ALCOHOL, although not a prescription drug, is often used by people to relax. It is often used as an ingredient in over-the-counter drugs. However, it is used more in social situations and many people think its use is more acceptable than the use of other depressant drugs. Its effects are similar to those of other "downers" and can cause some of the same problems.

Many people who are upset, nervous or depressed use "downers" to calm down or to forget their problems. Some people use "downers" to feel high. BUT....

. . . although "downers" might make problems seem less important for awhile . . .

☆ THEY WON'T SOLVE YOUR PROBLEMS OR MAKE THEM GO AWAY!

Too much of a depressant can cause an OVERDOSE [O.D.] by slowing the body down so much that a person can become unconscious and even stop breathing.

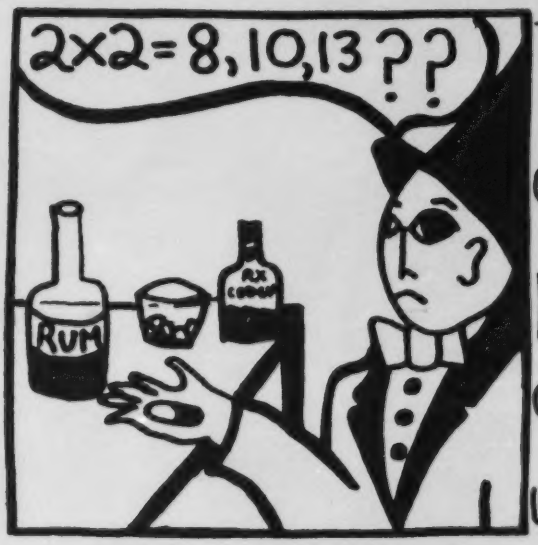


FIRST-AID methods can keep that person alive until medical help arrives.

Most depressants can cause strong physical and psychological dependence. WITHDRAWAL from them can be painful and, in some cases, dangerous.

8.

TAKING MORE THAN ONE KIND OF "DOWNER" AT ONCE IS VERY DANGEROUS.



They multiply each other's actions and produce greater, often unexpected and uncontrollable effects.

Taking a <u>stimulant</u> will not necessarily stop the effect of a <u>depressant</u>. For example, someone who has had too much alcohol to drink cannot sober up by drinking coffee (which contains the stimulant caffeine).

INHALANTS are depressants found in some glues, cleaning and lighter fluids, gasoline and spray cans known as aerosols.

Sometimes people inhale these drugs to feel high, relaxed or dizzy.

☆ THESE PRODUCTS WERE NOT MADE TO BE SNIFFED!

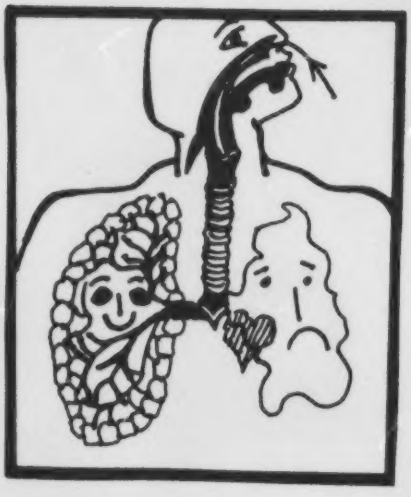
THEY ARE OFTEN MIXED WITH POISONOUS AND DANGEROUS SUBSTANCES.

10.

Generally, the effects of inhalants include:

1. lower heart and breathing rates;
2. impaired judgement;
3. poor muscle coordination.

The dangers of inhalants differ from one to the other but poisoning and damage to the heart, kidneys and lungs are common to many. There is also **DANGER** of sudden death from the use of some aerosols and chemical solvents.



Discussion Questions

1. Why do people use depressants? [include medical and non-medical uses]
2. For what reasons would you want to slow your body down?
3. What are some things you can do, besides using depressant drugs, if you're having trouble sleeping or relaxing?
4. What do you think would be some of the problems of relying on depressants to relax or sleep?
5. What would you do if a friend took too much of a depressant and passed out or fell asleep?

   How could you tell if they were in danger?

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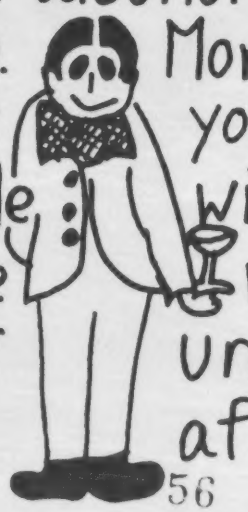
REVISED

"ALCOHOL - THE No. 1 DRUG"

The **NUMBER ONE** Drug Problem in the United States is **alcohol abuse.**

The people who are having trouble with alcohol are not only over 30. More and more people, some your age, are having trouble with alcohol. Many people who use "booze" don't understand how it will affect them.



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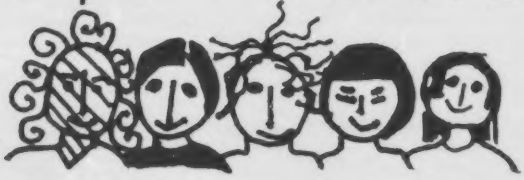
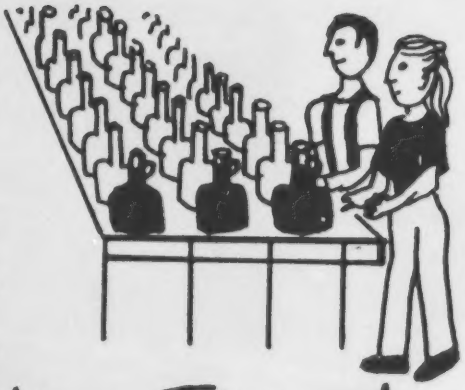
For years it's been socially acceptable to drink. Your parents may drink, your teachers, your friends. You see television commercials showing healthy people enjoying drinking and having fun. Alcohol is very much a part of our culture. Therefore, people think it's **OK**, but for some people it can present many problems.



Let's talk about just what alcohol is and how it works so that **YOU** can think about it.

2.



Ethyl alcohol is the alcohol people drink, such as beer, wine or whiskey. This drug can be manufactured or produced naturally by fermenting grapes, vegetables and grains.

A **12 oz.** bottle of **BEER**, a **4oz.** glass of **WINE**, and **1½ oz.** of "**HARD LIQUOR**", such as whiskey, gin or vodka, (or **1½ oz.** of a "hard liquor" **MIXED** with SODA or JUICE), all contain an equal amount of alcohol.

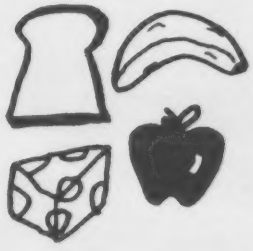
3.

Alcohol acts on your brain making parts of it less active as you drink. It also alters your judgment. This changes the way you act and feel.

The rate at which alcohol enters your blood stream and moves to your brain depends upon

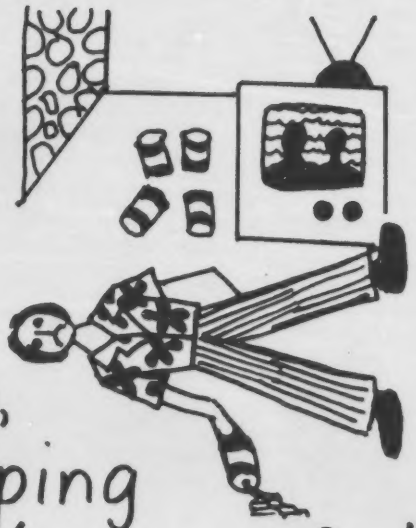
1. HOW MUCH you drink,

2. THE AMOUNT and **KIND** of **FOOD** in your stomach,



3. YOUR WEIGHT.

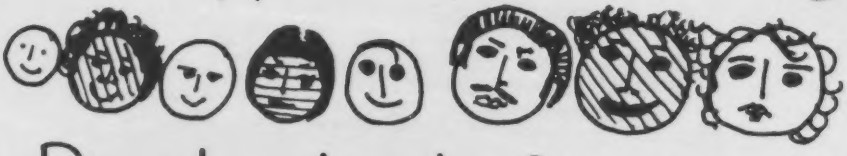
With too much "booze" in your system you'll probably have trouble walking, seeing, and keeping your balance. You may feel sick.



Each person is different and each person's reaction to alcohol is different.

Many people use alcohol responsibly. Some people have problems with alcohol and need it to feel good. Some are also physically dependent on alcohol - their bodies need alcohol all the time or they will get sick.

It's dangerous to take alcohol with some other drugs, including those you may get from the doctor, the drugstore, or the grocery store. When taken together it's often hard to tell what will happen.....?



People drink for many reasons: because their friends do, to celebrate and/or to feel more at ease with people in uncomfortable situations.

6.

Some people are sad and think that alcohol will make them happy or make a problem easier to solve.

Other people are lonely and think drinking will bring friends.

But alcohol only makes a person **think** things are different or better-

It Won't Change Your Problems!

For people legally old enough to drink (over 18), some situations of responsible social drinking might be: drinking and talking with friends, using alcohol at special occasions, at dinner, on a picnic or at a party. Wise drinking behavior is the ability to stop when you think you've had enough or to say **no** when **you** don't want to drink. Responsible drinking probably is **not**: drinking alone, thinking you can't have fun without alcohol, forgetting how you acted while drinking, using alcohol as a **PROBLEM**

SOLVER or **SHOWING OFF** HOW MUCH you can drink.

The typical alcoholic is not a skid row bum. People of all races, sexes and in all kinds of jobs and families have alcohol problems and can be helped or treated.

Do you: want to know more about alcohol; want help making a decision about it; or know someone with a drinking problem? →

If you answered **YES** to any of these questions you might want to talk with: your parent or parents, a friend, your teacher, a doctor, a nurse, a social worker, your religious leader, or your local alcoholism council or alcohol information center.

If a person decides to use alcohol and does so <u>responsibly</u> - it may be pleasant.

If alcohol is abused it can lead to many problems.

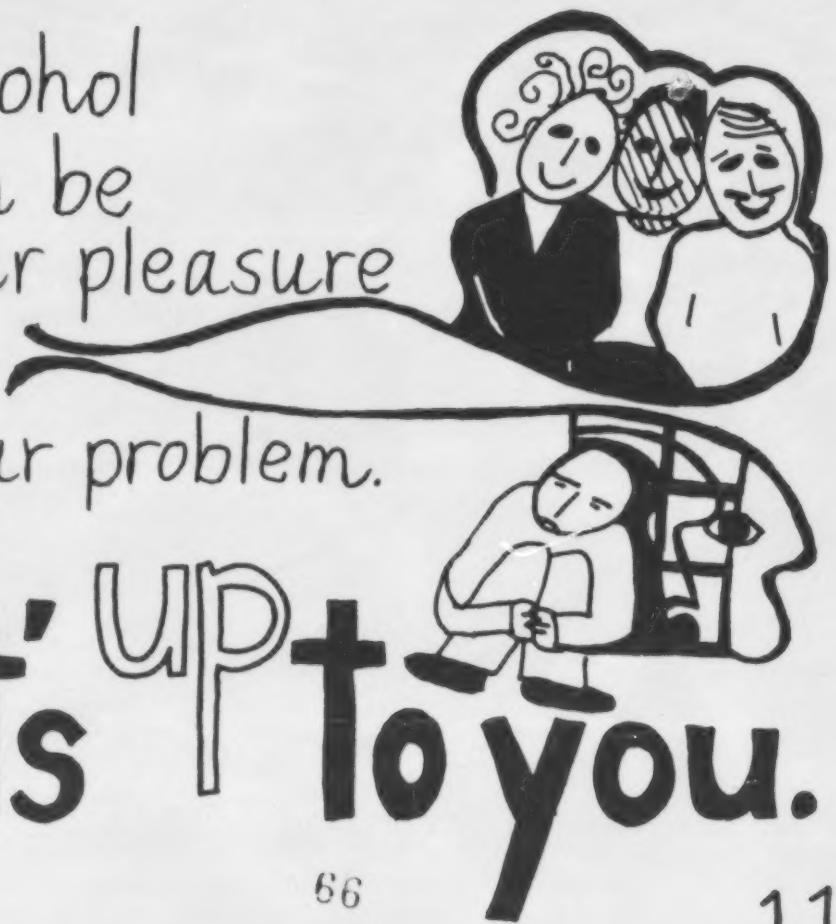
10.

If you decide to drink

THINK ABOUT

1. **WHY** you're drinking
2. **HOW MUCH** you're drinking
3. **WHAT** you're drinking.

Alcohol
can be
your pleasure
or
your problem.



It's up to you.

11.

Discussion Questions

1. Why do you think alcohol causes problems in this country?
2. How do your parents feel about drinking? Do you agree with them?
3. In what kinds of situations do you think it is alright to drink? In what situations do you think it is not alright to drink?
4. What can you do if your friends want you to drink and you're not sure? Can you say no to them? If not, why not?
5. How would you feel if one of your friends got drunk? What would you do?

WRITTEN AND ILLUSTRATED BY DEBORAH SOPHIA TAUBERT AND RICHARD YOAST (WITH THE AID OF THE STAFF OF PICADA, INC., OF DANE COUNTY)

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F-2981

STIMULANTS or "UPPERS"

featuring... cocaine
caffeine
nicotine
amphetamine

REVISED EDITION

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2.

STIMULANTS ARE DRUGS WHICH SPEED UP YOUR NERVOUS SYSTEM.

They work in the opposite way from depressants.

They make your body work harder and faster.

1. Heartbeat and breathing become more rapid while blood pressure may go up.
2. The brain works faster but not necessarily better.

Stimulants may make a person very talkative, nervous, wide-awake, and might temporarily decrease appetite.

Stimulants can also prevent someone from sleeping.

Stimulants do not usually lead to physical dependence but they can lead to psychological dependence. Tolerance, when you need more and more of a drug to produce the same effect, can develop with the regular use of stimulants.

People who take big or frequent doses of stimulants, such as cocaine or amphetamine, often become very nervous and easily upset. Their bodies may become weak from a lack of sleep and food.

4.

When they do stop taking the drug they feel depressed until their bodies return to normal.

COCAINE ("coke") and AMPHETAMINE ("speed", "pep pills", "white cross") are strong stimulants often sold illegally. A problem with illegal ("street") drugs is that you can't be sure what's in them or how they will affect you! It is common for caffeine to be substituted and sold as "speed" or cocaine.

There are a number of different reasons why people use "coke" or "speed."

Some people use them to feel "high." Others use these stimlants to help them feel better when they feel depressed; or to feel more self-confident. However —

THE USE OF STIMULANTS WILL NOT SOLVE PROBLEMS OR CHANGE WHY YOU FEEL DEPRESSED OR INSECURE.

Some people use stimulants to stay awake for studying. The drugs do <u>seem</u> to increase energy.★ But, <u>memory is not improved</u>, ideas may become confused and learning does not occur at a faster rate. Other people use stimulants for increased energy in sports or to stay awake while driving. This is becoming an increasing problem among athletes and drivers.

6.

★Stimulant use can wear down the body and cannot be used as a substitute for rest, food or natural energy. Even though users may feel awake and energetic, their bodies still get tired, reflexes slow down and alertness decreases. Their performance may also deteriorate.

Stimulants have some medical uses. Cocaine is used as a local pain killer, but other substitutes are often used instead. Amphetamines are occasionally prescribed for short-term appetite control (as diet pills),

for mood elevation, and for a rare disease called narcolepsy.

CAFFEINE and **NICOTINE** are milder, legal stimulants. Caffeine is found in coffee, tea, cocoa, cola and various other soft drinks (check the labels to see which ones).

Caffeine is also found in many over-the-counter (non-prescription) drugs such as some aspirin brands and preparations to pep people up and to overcome drowsiness (i.e., No-Doz). Nicotine is found in tobacco (chewing, snuff, pipe, cigars, cigarettes) and is also used as an insecticide because of its poisonous actions.

8.

Because they are so common and easy to obtain, people often do not think of caffeine and nicotine as drugs. **But, if you think of the ways people use them** (coffee to wake up in the morning or when they feel tired; cigarettes to relax or feel good) **then you'll see that people use them as mood-altering drugs.**

There is much attention paid to cigarettes because of their widespread use and the problems they cause.

WHY DO PEOPLE SMOKE?

ADVERTISING tries to make smokers

look attractive and smoking exciting. Regular smokers feel some relaxation.

Some people smoke if they're nervous or want to lose weight. However, the nicotine can also make some people more nervous and does not cause weight loss. Besides,

SMOKING IS VERY HABIT-FORMING!

THAT'S WHY SO MANY PEOPLE HAVE TROUBLE STOPPING!!!

The more a person smokes the more tolerant he/she becomes to its effects and the more cigarettes he/she needs to smoke to get the same effect.

10.

IF YOU INHALED THE SMOKE OF A CIGARETTE, WHAT WOULD IT DO TO YOUR BODY?

It would interfere with your blood circulation and raise your blood pressure. It would also increase your heartbeat.

REGULAR SMOKING...

1. damages air passages to the lungs causing "SMOKER'S COUGH", chest pains and breathing difficulties;

2. decreases physical endurance (smokers can't run as fast, breathe as well, or play ball as hard as non-smokers);
3. decreases the sense of taste.

★DON'T FORGET - smoking pollutes the air for everyone!

Pregnant women who smoke affect their unborn infants. Babies tend to be premature and to weigh less.

SMOKING has been connected with HEART and LUNG DISEASES and several types of CANCER.

★★★ IF A PERSON STOPS SMOKING FURTHER DAMAGE WILL BE STOPPED AND THAT PERSON HAS A BETTER CHANCE OF LIVING A LONGER LIFE!!!

12.

DISCUSSION QUESTIONS

1. Do people have the right to smoke if they want to and where they want to?
2. What rights do you have if you don't like smoking?
3. What are the reasons someone would want to use a stimulant?
4. What are some other non-drug ways to get stimulant effects?

ILLUSTRATED AND DESIGNED BY - SOPHIA TAUBERT + RICHARD YOAST

TEXT BY - SOPHIA TAUBERT, RICHARD YOAST, LARRY LENOX + JEAN DI ULIO

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HALLUCINOGENS

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2.

HALLUCINOGENS (PSYCHEDELICS) ARE MIND-ALTERING DRUGS WHICH ACT ON THE NERVOUS SYSTEM.

They affect: your senses, your thinking, your emotions, and the way you feel about yourself.

Although the main effects are psychological, psychedelics also increase pulse rate and body temperature as well as raising blood pressure.

Hallucinogens change the way the brain understands the messages it

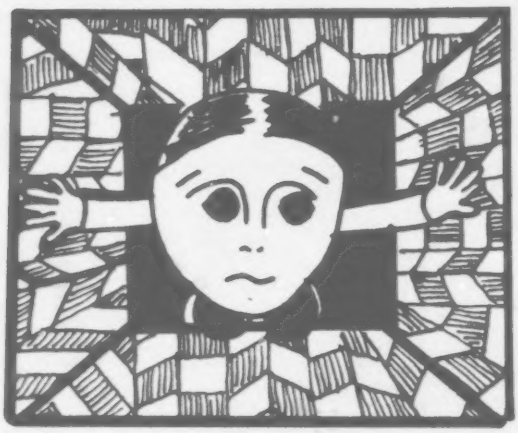
receives from your senses. What a person sees, hears, touches and feels may be different than it usually is. When the brain changes the original message it is called an ILLUSION.

★An illusion is when things seem different than they really are.

★When a person sees things that aren't there at all it's called an HALLUCINATION. Hallucinations are also caused by high fevers or starvation.

4.

Hallucinogens may change the way a person perceives or understands time. Shapes and the space around them



may seem to change size or seem alive. They may see or hear things that aren't there or see things in an unusual way. When a person is under the influence of a hallucinogen it is called "tripping." A "trip" can last a few or many hours.

Sometimes a person who has taken a hallucinogen may get confused or afraid while they are "tripping."

The effects are different for each person. Someone might have a "good trip" one time and a "bad trip" (like a nightmare) the next. **SOME PEOPLE ENJOY THE EXPERIENCE. OTHERS DO NOT.**

A trip depends a lot on: **1.** how you

feel about yourself; **2.** how you feel about the people and things around you; **3.** what you expect the drug to do.

*Psychedelics can effect <u>who</u> you think you are and <u>where</u> you think you are.

6.

Some time after the effect of the drug has worn off, some people might experience the "tripping" effects again. This is known as a FLASHBACK. *It does not mean that the person is crazy or sick but that he/she is remembering the drug experience days or months later. Flashbacks do not always occur. They are more likely to occur if one frequently uses psychedelics.

People use hallucinogens for different reasons. Some people take them because of their visual effects, others because of

the spiritual experiences they sometimes produce. The Native American Church uses peyote in its religious ceremonies and some doctors have used LSD to treat mental illness and patients dying from cancer.

LSD ("acid") is a very strong drug. A tiny bit of LSD can have a BIG effect on a person for hours!!! Other hallucinogens have similar effects. They

can be manufactured in laboratories (LSD) or grown (psilocybin mushrooms, peyote cacti).

8.

As with other "street drugs" (drugs sold illegally) it's hard to know just what ingredients psychedelics contain [i.e., PCP or "angel dust" is actually a depressant]. They are often sold as a certain drug and, in fact, are really another type of drug. They are also often poorly manufactured. *Persons taking "street drugs" often do not know just what they are taking, how much, or how it will affect them.

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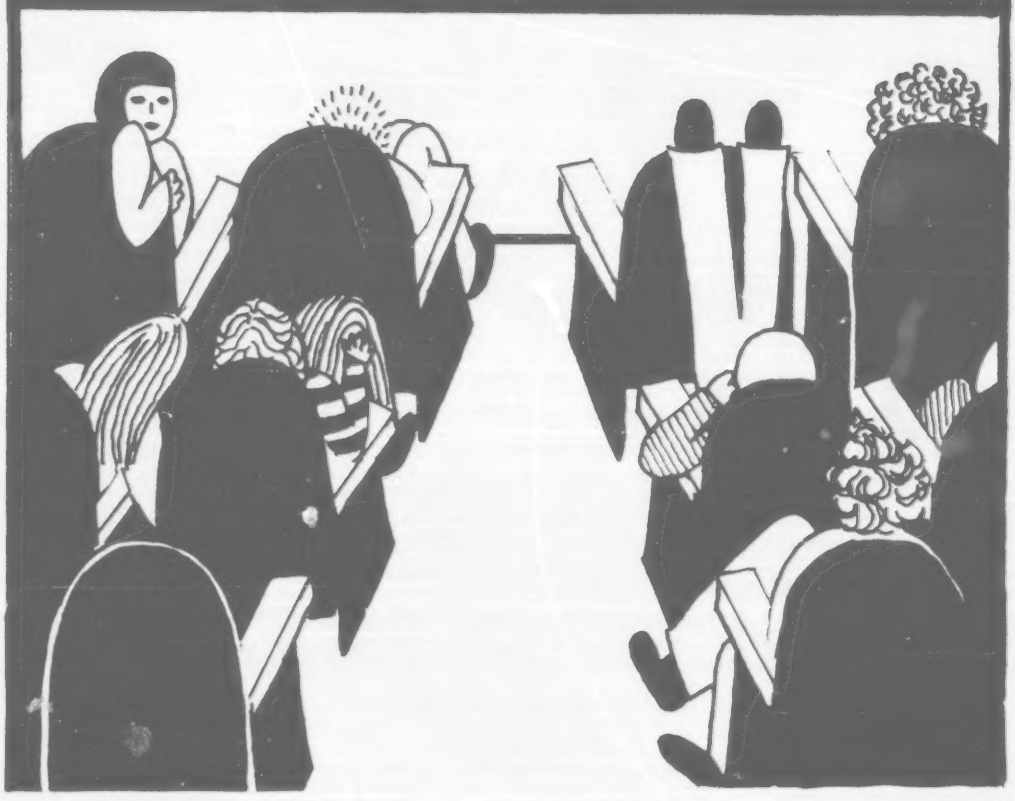
MARIJUANA or "GRASS"

featuring...
HASHISH and THC

REVISED EDITION



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MARIJUANA is the leaves and flowers of the hemp plant. This plant is a weed which grows in many places, and its stems are used to make rope. Marijuana (whose scientific name is *Cannabis sativa L.*) has been used for many centuries and today is usually smoked in cigarette form (known as a "reefer," "joint," or "roach").

The strength of marijuana (also called "grass," "weed" or "pot") is dependent on how much **THC** (tetrahydrocannabinol) is in it. THC is the chemical ingredient in marijuana which gets people high.

HASH (hashish, a dark brown resin) comes from the tops and flowers of the plant. It contains THC in a more concentrated form than marijuana.

The **EFFECTS** of marijuana are so varied that it can act as a stimulant or a depressant, or both. Large amounts, however, act as a depressant. Some scientists call it a hallucinogen. Others put it in a category by itself.

THE EFFECTS OF MARIJUANA ARE DIFFERENT FOR EACH PERSON.

Often, the first time a person tries it he/she feels no effects. However, marijuana can affect your feelings in many different ways. It can bring out feelings from trust to fear, from depression to excitement, depending on the following:

1. How you're feeling about yourself, the people around you, and your physical environment;
2. How much you take of the drug and how strong it is;
3. What you expect the drug to do.

"Grass" can exaggerate and/or change your feelings. If you're sad, it might make you sadder, or if you're happy, you might feel happier. Or—

YOUR FEELINGS MIGHT CHANGE ALTOGETHER!

People who smoke "grass" sometimes feel that their senses are sharper, that things are more interesting. They may feel relaxed, tired, and/or hungry. Some people also think that marijuana makes them more creative. This has not been verified in most laboratory tests.

Sometimes people find it hard to concentrate or work when they use marijuana. They often cannot remember actions just taken or things just said or read.

Marijuana can make space and time seem very different. It affects judgement and reaction time. Driving a car or using machinery, even under low doses of marijuana, can be dangerous.

The only legal medical uses for marijuana, in some states, are to treat glaucoma (an eye disease) and nausea from cancer chemotherapy. However, tests are still being run to see if these will result in long term benefits. In the past, before marijuana was made illegal and because not as many other drugs were available, marijuana was used to treat headaches and nausea.

Scientists don't know exactly how marijuana works. However, it enters the bloodstream and acts on the brain and nervous system. Some of its physical effects may include changes in blood pressure, increased heart rate, a dry mouth and throat, and redness in the eyes.

Regular marijuana users can become tolerant of its effects and psychologically dependent on it. Frequent high doses can lead to a mild physical dependence. There is nothing in marijuana that produces a need to use other drugs. But, some

users may experiment with other drugs. The use of marijuana with alcohol may be more dangerous than the use of either drug alone.

So far, research has not conclusively shown that marijuana can produce brain damage. But some studies show that marijuana may affect one's ability to produce children. It is recommended that pregnant and nursing women, and people with heart problems or liver and lung disease not use marijuana. Heavy smoking of "grass" (2-3 cannabis cigarettes a day) may cause lung damage similar to that produced by smoking a pack of cigarettes a day over a long period of time. Users may also be more subject to lung and bronchial bacterial infections.

In many other areas of marijuana research varied laboratory testing methods have made it difficult to be conclusive about other physical damages caused by marijuana use.

It is important to remember that because children and teens are going through rapid physical and psychological changes, the use (especially heavy use) of "grass" by them can adversely

affect their maturing. It can also begin a life-long pattern of use which can be difficult to change later. They may not learn many skills necessary for survival in the world. They can also become dependent upon marijuana to emotionally cope with life. Thus, people under age 18 may be at greater risk than other users.

THE PUBLIC DEBATE OVER MARIJUANA

There are some people who think marijuana should be **DECRIMINALIZED.**

That means that if someone has or uses marijuana, he/she would not be sent to jail but would pay a fine instead. Marijuana use would still be illegal, but the penalties for use or possession of small amounts would be decreased; penalties for sales would remain high.

These people argue that a little bit of "grass" doesn't hurt a person and is often more safe to use than alcohol. They also argue that the present penalties are unfair and far too great for the kind of crime committed.

Some people even think marijuana should be **LEGALIZED.**

That means it would be legal to use and possibly as easy to buy as alcohol or tobacco.

Other people say we already have enough problems with alcohol and other drug abuse and that we'll encourage marijuana abuse if we lessen the penalties. They think we know enough about the effects of marijuana to say that it is a dangerous drug to many individuals and to society.

Almost everyone, on all sides of this debate, agrees that marijuana should not be available to children under 18 because of its possible harmful effects.

WHAT DO YOU THINK?

Use this space for attaching newspaper and magazine reports about marijuana and the debate about its decriminalization.

10

DISCUSSION QUESTIONS

1. What are the advantages and disadvantages of decriminalization? Of the present laws?

2. How would you feel if your friends were experimenting with marijuana?

3. What would you do if your friends wanted you to try marijuana?

4. What do your parents think about the use of marijuana? Do you agree?

For more information about marijuana and other drugs, write to the Wisconsin Clearinghouse, 1954 E. Washington Avenue, Madison, Wisconsin 53704 for a list of other available publications.

Illustrated and designed by Sophia Taubert, Richard Yoast, Jane Tenenbaum

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